



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, MAY 23, 2019

2:30PM – 5:00PM

Conference Center at Highland Care Pavilion

1411 East 31<sup>st</sup> Street Oakland, CA 94602

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

### LOCATION:

Open Session: HCP Conference Center

### COMMITTEE MEMBERS \*\*

Kinkini Banerjee

Taft Bhuket, MD, *Chair*

Maria Hernandez

Tracy Jensen

### NON-VOTING MEMBERS

*Chief of Staff – AHS Medical Staff: M. Kelley Bullard, MD*

*Chief of Staff - AH Medical Staff: Joseph Marzouk, MD*

*Chief of Staff - SLH Medical Staff: Michael Ingegno, MD*

## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

**THE MEETING WAS CALLED TO ORDER AT 2:36 PM.**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Kinkini Banerjee (arrived at 3pm), Taft Bhuket, MD, and Maria Hernandez

**ABSENT:** Tracy Jensen

A quorum was not established.

Trustee Bhuket announced that the committee would hear Item E first in lieu of a quorum.

### **A. CLOSED SESSION (Estimated 30 minutes)**

#### **1. Consideration of Confidential Medical Staff Credentialing Reports**

*M. Kelley Bullard, MD - AHS Medical Staff*

*Joseph Marzouk, MD - AH Medical Staff*

*Michael Ingegno, MD - SLH Medical Staff*

**2. Conference with Legal Counsel**

*M. D. Moye, General Counsel*

Significant Exposure to Litigation [Accreditation, Risk Management, Patient Safety]  
[Government Code Section 54956.9]

Discussion of Matters Constituting Trade Secrets [Government Code Section 54962;  
Health & Safety Code Section 101850(ae)(1)]

(Reconvene to Open Session)

**B. ACTION: Consent Agenda (Estimated 10 minutes)**

**1. Approval of the Minutes of the April 25, 2019 Quality Professional Services Committee Meeting**

**2. Approval of Policies and Procedures**

Recommendation to the Board of Trustees for approval of the Policies listed below.

System

- Utilization Management Plan
- System Crash Cart Policy
- Gender Identity and Gender Expression Nondiscrimination Policy

Trustee Bhuket requested consistency in the policy documentation.

**3. Approval of the Alameda Health System Medical Staff Bylaws and Medical Staff Rules and Regulations**

*M. Kelley Bullard, M.D., Chief of Staff, Alameda Health System Medical Staff*

**ACTION:** A motion was made and seconded to approve the Consent Agenda. The motion passed.

**AYES:** Trustees Banerjee, Bhuket, and Hernandez

**NAYS:** None

**ABSTENTION:** None

**END OF CONSENT AGENDA**

**C. REPORT/DISCUSSION: QPSC Chair (Estimated 5 minutes)**

*Taft Bhuket, MD, Chair*

**1. Article. “What is Quality Worth? Quantifying Potential Cost Savings”**

Trustee Bhuket discussed the article on page 206 of the agenda packet.

**D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 40 minutes)**

*M. Kelley Bullard, MD - AHS Medical Staff*

*Joseph Marzouk, MD - AH Medical Staff*

*Michael Ingegno, MD - SLH Medical Staff*

Dr. Ingegno discussed the report beginning on agenda packet page 238.

Dr. Ingegno said that his top concerns, in order, were nursing availability, S\*A\*P\*P\*H\*I\*R\*E\*, and the Medical Staff Merger.

Dr. Magalong, filling in for Dr. Marzouk, discussed the report beginning on agenda packet page 236.

Dr. Magalong said that his top concerns, in order, were patient safety, S\*A\*P\*P\*H\*I\*R\*E\*, and specialty services at Alameda.

Dr. Bullard discussed the report beginning on agenda packet page 210. Dr. Baden reviewed the report beginning on agenda packet page 211.

Dr. Bullard said that her top concerns were the moral in regard to the budget, focusing on wellness and resiliency, and continued communication.

**E. REPORT/DISCUSSION: SBU Quality Metric Report, Behavioral Health (Estimated 15 minutes)**

*Karyn Tribble, PsyD, LCSW, Chief Administrative Officer, Behavioral Health*

Dr. Omolewa and Dr. Siddartha reviewed the report on agenda packet page 240.

Trustee Hernandez asked about the length of stay and the frequency in which patients return to the facility. She wanted to know how that could be addressed. Mr. Omolewa agreed that it was a problem. He said they were making sure they worked with social services and patient the families to make sure the patients could be taken care of. The community lacked resources to manage the problem. Trustee Hernandez said coordinated care needed to be organized to help this challenging population. She suggested AHS invite all the different service providers to a retreat to discuss this problem.

Trustee Bhuket asked if they would keep the items that were currently on the dashboard. Dr. Siddartha said that he was mostly satisfied with it. There were a couple of items that didn't shine much light on what they do.

Dr. Omolewa said his top three concerns were patient safety, education for staff, and staffing levels.

Dr. Siddartha said added corrective action plan regarding the Medicare findings and the patient length of stay.

**F. REPORT/DISCUSSION: SBU Quality Metric Report, Post-Acute (Estimated 15 minutes)  
*Richard Espinoza, NHA, Chief Administrative Officer, Post-Acute Care***

Mr. Espinoza discussed the report beginning on agenda packet page 246.

Trustee Banerjee arrived at 3:00pm, a quorum was established.

Trustee Banerjee asked about patient impact of the transition to San Leandro. Mr. Espinoza said the acute rehab has an average stay of 14 days, so the patients there today would not be the patients who would be there when the transfer takes place. He said there was a committee meeting every week who were working finalizing the transition process. Just prior to the move they will speak with the patients and their families to inform them of the move as it affects them.

Trustee Banerjee asked about the pain management process. Mr. Espinoza said they work with the residents and the families to make management determinations. For patients who had a history of drug use, they had AA programs at the campus to help patients understand some of the patterns of using medications for depression rather than pain. Staff worked very closely with the entire team and brought in translators as needed.

Trustee Bhuket asked what he'd like to see on the Dashboard. Mr. Espinoza said some CMS changes that have taken place will need to be added.

Mr. Espinoza said his three primary concerns were employee engagement, S\*A\*P\*P\*H\*I\*R\*E\*, CMS changes/CMS surveys.

Trustee Bhuket adjourned the committee to closed session for agenda item A.

**G. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs (Estimated 5 minutes)  
*Tanvir Hussain, MD, Vice President of Quality*  
*Darshan Grewal, Director of Patient Safety***

**H. REPORT/DISCUSSION: True North Metric Forecast, 2019-2020 (Estimated 25 minutes)  
*Tanvir Hussain, MD, Vice President of Quality***

Dr. Hussain reviewed the report and agenda packet page 259 of the agenda packet.

Trustee Bhuket said the Quality team recommended they keep the first three items on agenda packet page 260. He said it made sense to him to maintain them.

Trustee Bhuket asked for more information on the fourth item. Dr. Hussain said that the systems that have ops, patients that go into ops were taken out of the denomination of the measure. Trustee Bhuket asked if they would have the ability to gather and analyze that data. Dr. Hussain said there would be quite a bit of work to do with measure validation as we move into S\*A\*P\*P\*H\*I\*R\*E\*.

Trustee Bhuket asked if it was feasible to add the Hospital Acquired Infections Index data as indicated. Dr. Hussain said he felt it was.

Trustee Bhuket asked why the HCAHPS Rate Care data was being recommended for removal from the dashboard. Dr. Hussain said it was its own metric in PRIME. He thought that information could be included the narrative, but the data was still being captured.

Dr. Hussain said that the dashboard reflected a lot of the publicly reported data. The inpatient behavioral health Mean was not required to be reported.

Trustee Bhuket discussed avoidable hospital days. He wondered if it could be added to the dashboard. Dr. Jamaledine said they were working with the information, but he'd need to look into how robust it is before committing to adding it to the dashboard.

Trustee Hernandez asked if it made sense to have them broken out annually by race. Dr. Hussain said that they looked at all the data broken out by race and they were trying to come up with a standard way to manage that data.

I. **REPORT/DISCUSSION: True North Metric Dashboard Review** (Estimated 3 minutes)  
*Tanvir Hussain, MD, Vice President of Quality*

J. **DISCUSSION: Planning Calendar/Issue Tracking** (Estimated 1 minute)  
*Taft Bhuket, Chair*

Trustee Bhuket said that the following month would be the Acute SBU and the vote on the dashboard.

K. **REPORT: Legal Counsel's Report on Action Taken in Closed Session** (Estimated 1 minute)  
*M. D. Moye, General Counsel*

Mr. Moye reported that the Committee met in Closed Session and considered credentialing reports for each of the medical staffs and approved credentials/privileges for fully qualified practitioners recommended by the medical staffs.

**PUBLIC COMMENT** - None

**TRUSTEE REMARKS** - None

**ADJOURNMENT:** 5:14 PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of May 23, 2019 as approved by the Quality Professional Services Committee on June 27, 2019:



Ronna Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: \_\_\_\_\_



M.D. Moye  
General Counsel